Modernising Prison Dental Services – the policy

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Summary

• Prison Dental Services – the challenge
• Oral Health in Prisons
• A new Prison Dental Service
Options for Change

• *Options for Change* heralded a very considerable and comprehensive modernisation programme for NHS dentistry

• Not all its recommendations are being implemented at once but the new legislative framework provides the basis for PCTs and dental practices to deliver care in new, more modern and appropriate ways.
Health and Social Care (Community Health and Standards) Act 2003

- Local commissioning of dental care services by PCTs.
- The removal of fee per item of treatment as a way of paying dentists
- Moving to a preventive philosophy of care
- Responsibility on PCTs to provide the dental services to meet all reasonable needs of their populations
Oral Health of Prisoners

- Oral Health in England has improved enormously over 30 years
  - Inequalities still exist matched to areas of social exclusion.
  - do 50% of prisoners are unemployed before sentencing
  - Enter prison with poor oral health
  - Untreated disease about 4 times greater than general population from similar social backgrounds
  - Dental attendance less than general population
  - Needs have not been met within prison
Average D(d)mft per child in England

UK Figure
2003 15 year olds
Percentage adults with no teeth (England)

- 1968: 35%
- 1978: 25%
- 1988: 15%
- 1998: 10%
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Issues Identified with Prison Dentistry

- Long waiting times for treatment
- Care pathway not linked to length of stay
- Isolation
- Quality variable
- Lack of management audit
- Limited prevention
- Efficiency of prison system
Principles of a new prison dental service

• Dental Care for prisoners should match that available for the rest of the population

and

• The change agenda for prison dentistry should match that taking place in the NHS.
Key elements of a new service

• available when required
• treatment appropriate for need
• preventive focused
• standards that are clearly defined
• equitable with the NHS
• makes full use of the dental team
• commissioned locally by PCTs through appropriate service agreements
Aims of the Modernisation Strategy for Prison dentistry

• Improve quality of dental care in prisons
• Raise awareness of the need for good oral health
• Prisons to identify operational issues and resources needed to meet dental needs
• Cost effective services are commissioned
• Develop a model service specification
Implementing the Strategy

• Strategy published jointly between DH and Prison Service in April 2003 and issued as a Prison Service Order
• Each prison required to have Modernising Dental Action Plan by November 2003
• Regional Prison Dental Advisers appointed
• £4.75 millions made available over three years
Prison dentistry and local commissioning

• Prison health resources including growth for prison dentistry have now being devolved to PCTs
• Like the rest of dentistry PCTs will commission prison dental services
• Prison dentistry part of primary dental care
• Where prison dentistry is provided by the GDS the resources will be part of the general allocations to PCTs and floor funded
PCT funding for Prison Dentistry if provided by GDS

- DH
- Prisons
- DPB

Gross fees net of charges

Patient Charges+ Growth

PCTs
Working with PCTs and SHAs

• PCTs are the commissioners
• Prison health care must integrate within PCT
• SHAs responsible for ensuring delivery of prison health programme
• PCT dental advisers must be involved
• DRS visits
In Conclusion

- Commissioning prison dentistry - PCTs
- Performance evaluation - SHAs
- Research Network – programme of research
- Development Programme for prison dentists